Epitomes
Important Advances in Clinical Medicine

General and Family Practice

The Scientific Board of the California Medical Association presents the following inventory of items of progress in general and family practice. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist busy practitioners, students, research workers, or scholars to stay abreast of these items of progress in general and family practice that have recently achieved a substantial degree of authoritative acceptance, whether in their own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on General and Family Practice of the California Medical Association and the summaries were prepared under its direction.

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Changing Role of Digoxin in Chronic Heart Failure

ALTHOUGH THE USE OF DIGOXIN to control supraventricular tachyarrhythmias is well established, its clinical efficacy in the long-term treatment of congestive heart failure in adults is less clear. Its effectiveness was recently reevaluated compared with placebo in a double-blind trial in patients with mild to moderate heart failure. Digoxin use was shown to increase the ejection fraction and decrease the number of hospital admissions related to heart failure but not substantially affect exercise tolerance or functional class. Digoxin appears to be most useful in patients with greater left ventricular dilatation, greater ejection fraction depression, a third heart sound, and more chronic and severe heart failure. Based on these findings, initiating digoxin therapy for heart failure in patients without atrial fibrillation, enlarged left ventricles, or a third heart sound should be carefully considered.

In patients with stable heart failure and sinus rhythm, the use of digoxin may not be necessary. Several recent studies have shown that digoxin therapy can be withdrawn with minimal adverse clinical or hemodynamic effects in 75% to 100% of patients in this category. The indications for treating patients who have been on long-term digoxin therapy should be reviewed periodically. The history and medical records should be carefully evaluated for definite evidence of previous heart failure. The presence of a third heart sound and a dilated left ventricle should be elicited on physical examination. In those patients in sinus rhythm whose cardiac status is stable and who have dubious indications for maintenance therapy, drug withdrawal should be considered with careful subsequent monitoring of their clinical state.

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Colposcopy in Human Papillomavirus Infection

IT IS LIKELY that most cervical cancer is a sexually transmitted disease caused by the human papillomavirus (HPV). The genital condyloma is the earliest expression of HPV infection. Condyloma must be considered to be the first expression of disease in the cascade of dysplasia—carcinoma in situ—or microinvasive or invasive cervical cancer.

We are in the midst of an epidemic of genital condyloma. It is critical that all family physicians be aware of the implications and diagnostic techniques required to evaluate their patients, both male and female, for the presence of lesions due to the human papillomavirus.

There are two groups of HPV associated with condyloma. The 6/11 group is usually associated with the classic, arboreal condyloma. Viruses in this group have polyploid mitoses, do not penetrate, and are not incorporated into the host genome. They are not associated with cervical malignancy, although one investigator has implicated them in vulvar malignancy. The etiologic agent of cervical malignancy is considered to be the 16/18 HPV group. Currently identified members of this group are types 16, 18, 31, 33, 35, and 42. These characteristically have aneuploid mitoses, penetrate, and are incorporated into the host genome. Cervical cancer specimens tested with DNA probes have shown the presence of 16/18 HPV virus types 95% of the time. The remaining 5% may represent 16/18 HPV subtypes for which no DNA probe is currently available.

The lesions associated with the presence of the 16/18 HPV are ubiquitous. They are flat and not easily identified by gross inspection. To discover the presence of lesions caused by these viruses, it is necessary to use a colposcope and counterstaining of the cervical, vaginal, vulvar, and possibly perianal or penile tissue with a 5% acetic acid (white vinegar) solution. The condylomatous lesions have an increased nu-